CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 12/03)

1. CIR./DIST./ DIV. CODE 0312	2. PERSON REPRESENTED SHARON WETTER		VOUCHER NUMBER
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER CR12-359-01(MLC)	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF *(Case Name)* USA V. SHARON WETTER	8. PAYMENT CATEGORY X Felony ☐ Petty Offense ☐ Misdemeanor ☐ Other ____ ☐ Appeal	9. TYPE PERSON REPRESENTED X Adult Defendant ☐ Appellant ☐ Juvenile Defendant ☐ Appellee ☐ Other ____	10. REPRESENTATION TYPE *(See Instructions)* CC

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) *If more than one offense, list (up to five) major offenses charged, according to severity of offense.*
18:1341 and 18:2 MAIL FRAUD

12. ATTORNEY'S NAME *(First Name, M.I., Last Name, including any suffix)*, AND MAILING ADDRESS
Anthony Simonetti, Esq.
PO Box 1562
Hightstown, NJ 08520

Telephone (609)443-3998

13. COURT ORDER
X O Appointing Counsel ☐ C Co-Counsel
☐ F Subs For Federal Defender X R Subs For Retained Attorney
☐ P Subs For Panel Attorney ☐ Y Standby Counsel

Prior Attorney's ____
Appointment ____

x Because the above-named person represented has testified under oath or has satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR
☐ Other *(See Instructions)*

Mary L. Cooper
Signature of Presiding Judge or By Order of the Court

May 23, 2012
Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time appointment. ☐ YES ☐ NO

14 NAME AND MAILING ADDRESS OF LAW FIRM *(Only provide per*

RECEIVED
MAY 23 2012
AT 8:30 M
WILLIAM T. WALSH CLERK

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

	CATEGORIES *(Attach itemization of services with dates)*	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In Court	a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other *(Specify on additional sheets)*					
	(RATE PER HOUR =) TOTALS:					
16. Out of Court	a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and other work *(Specify on additional*					
	(RATE PER HOUR =) TOTALS:					
17.	Travel Expenses *(lodging, parking, meals, mileage, etc.)*					
18.	Other Expenses *(other than expert, transcripts, etc.)*					
	GRAND TOTALS (CLAIMED AND ADJUSTED):					

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE
FROM: ____ TO: ____

20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS ☐ Final Payment ☐ Interim Payment ____ ☐ Supplemental Payment
Have you previously applied to the court for compensation and/or ☐ YES ☐ NO If yes, were you ☐ YES ☐ NO
Other than from the Court, have you, or to your knowledge has anyone else, received payment *(compensation or anything of value)* from any other source in representation ☐ YES ☐ NO If yes, give details on additional sheets.
I swear or affirm the truth or correctness of the above statements.
Signature of ____ Date ____

APPROVED FOR PAYMENT — COURT USE ONLY

23. IN COURT COMP.	24. OUT OF COURT	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT.
28. SIGNATURE OF THE PRESIDING JUDGE			DATE	28a. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) *Payment approved in excess of the statutory threshold amount.*			DATE	34a. JUDGE CODE